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Nothnagel has indicated cerebellar ataxia as an almost unfailing symptom of extensive disease of the vermis, but Becker succeeded in finding in the literature some seven cases similar to his own. He concludes, therefore, that cerebellar ataxia is associated with the lesion of some special tract in this region, and points out that Edinger has described the cerebellar-olivary tract, from the superior olive, crossed corpus restiforme, capsular fibers (Vliess), superior peduncle, to the red nucleus, as probably specially connected with the equilibrium function. This tract Becker specially studied in his case and found it free from secondary degeneration, and therefore concludes that the case favors Edinger's hypothesis.

*Ueber den Klangstab, nebst Bemerkungen über den Acusticusursprung.*  
JUL. NUSSBAUM. Medicin. Jahrbücher, 1888, S. 187.

On examining the striae medullares, which are considered to form a central tract for the accessory auditory nucleus, it is found that only the most cephalically placed bundles decussate immediately beneath the floor of the ventricle. The same is true for the major portion of fibers which appears to have the same origin, but which, after crossing, takes a direction more cephalic along the floor of the ventricle and disappears at its antero-lateral edge, often in the region of the locus coeruleus. This bundle is frequently present, though inconstant and variable, and forms the conductor sonorus (*Klangstab*) of Bergmann. In the conductor there is a central core of cells completely surrounded by fibers. For this structure no function has as yet been assigned. Nussbaum further describes a bundle which follows the striae medullares in its later course, but within the medulla is at first associated with the ascending root of the acusticus.

(When a structure like the "conductor" is described as inconstant, the term must be taken as a rule to apply only to its macroscopic appearance, for the same structure sunk somewhat below the floor of the ventricle would not be discoverable on superficial examination.—D.)

*Herderkrankung des unteren Scheitelläppchens.* C. WERNICKE. Archiv f. Psychiatrie, XX, 1, S. 243.

A man of 70 years suffered a slight cerebral attack without external injury. The head tended to the right, and there was slight sensory and motor paralysis in the left side of the body, the facialis included. The most striking symptom was, however, the conjugate deviation of the eyes to the right, with inability to turn them to the left. This disappeared in a few days. A second attack was followed by almost complete paralysis of the left arm and leg—transient but considerable disturbance of speech, the paralysis of the left facialis remaining insignificant; three days later divergent strabismus of the right eye. A few days after the second attack the patient died. Wernicke had diagnosed a lesion in the inferior portion of the parietal lobe, and a second in the region of the internal capsule. This second lesion was necessary to explain the complete hemiplegia consequent on the second attack. His localization of the first lesion was based on a case of Grasset's (Montpellier Med., June, 1879), and the experiments of Ferrier and Munk, in which conjugate deviation of the eyes was found associated with the angular gyrus. A softening in this locality would also account for the other sensory

disturbances following the first attack, since just beneath this region the sensory fibers for the entire body are most compactly grouped. The autopsy fully confirmed the diagnosis. There were several small cortical lesions and an old lesion in the pons—all without significance for the present discussion. Besides these, however, there was a fresh lesion in the third member of the right lenticular nucleus, which would easily involve the pyramidal tract, while the white matter of the lower portion of the right parietal lobe was completely softened, thus fully accounting for the other symptoms. A review of the literature brought to light a considerable amount of evidence showing conjugate deviation of the eyes in similar lesions of the parietal lobe.

*Die Beziehungen der hinteren Rindengebiete zum epileptischen Anfall.*  
H. UNVERRICHT. Deutsch. Archiv f. klin. Med. XLIV, 1, S. 1.  
Reviewed by Ziehen, Centralbl. f. Physiol. No. 25, 1889.

The starting point for an epileptic attack is usually thought of as in the motor region of the cortex, but Unverricht considers it as clinically established that a strictly local affection of the posterior cortical regions can of itself bring about convulsions. He seeks to demonstrate the point on dogs, in which the stimulation, especially of the posterior and superior portions of the second arched convolution (counting from the middle line) causes contractions. There is lateral motion of the eyes to the opposite side, with dilation of the pupils as one of the results. These are not explained as reflexes from sensory stimuli (Ferrier), but as the result of direct stimulation of motor centers. But this is simply the author's view, for which the evidence is lacking thus far.

The length of time the stimulus is continued is more important than the strength of the stimulus, in determining an attack from this posterior cortical area. The order of contractions often fails to follow the order of the centers, and at times the convulsions roused from one visual area are limited to one half of the body. Most important are two experiments in which on the left side all the motor region save that for the movements of the eyes had been removed. The visual area was then stimulated on the left side, and the convulsion appeared on the *same* side. When a transverse cut was made through the cortex of one hemisphere at the anterior edge of the visual area, then stimulation of the latter caused a convulsion in which the orbicularis contracted after the extremities, from which he concludes that the impulse travels through deep-lying connections. At the end some clinical evidence is presented.

*Kleine Beiträge, betreffend die Anordnung der Geschmacksknospen bei den Säugethieren.* J. HÖNIGSCHMIED. Zeitschr. f. wiss. Zool., Vol. XLVII, 1888, S. 190-200.

This paper contains the results of the author's further studies upon the arrangement of the gustatory papillae and distribution of the taste-bulbs in mammals. In *Felis lynx* there are present six papillae of the circumvallate type, but the foliate papillae are wanting. The taste-bulbs are rather narrow and disposed in a zone of 3 to 5 tiers. *Ursus fuscus* has about twenty circumvallate papillae, and also well-developed foliate organs. The taste-bulbs are oval or cylindrical in form and, in the circumvallate papillae, are arranged